

## APPLICATION FOR CHANGE OF NAME

UNIV ID \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(or last 4 digits of your Soc. Sec. No.) Mo. Day

ACADEMIC UNIT \_\_\_\_\_ CAMPUS \_\_\_\_\_

OLD NAME \_\_\_\_\_  
Last First Middle

NEW NAME \_\_\_\_\_  
Last First Middle

REASON FOR NAME CHANGE \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
(e.g. Marriage, Divorce, Court Action)

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

Documentation viewed:

\_\_\_\_\_  
Initials \_\_\_\_\_ Date \_\_\_\_\_

For Use by Office of the Registrar

**The Office of the Registrar maintains the official name and address for all students.**

**Complete this form and mail it to: Indiana University Kokomo  
Office of the Registrar, Kelly Center Room 208  
2300 South Washington Street  
PO Box 9003  
Kokomo, IN 46904-9003**

**IMPORTANT:**

***Legal documentation, such as a copy of your driver's license or social security card with your new name, or a copy of your marriage certificate, divorce decree, or other official court document, must accompany this application. DO NOT SEND ORIGINAL DOCUMENTS!***